

# Architect of the Capitol FLAG REQUEST FORM

Office of Congresswoman Virginia Foxx

Name:

Address:

City, State, Zip Code:

Home Phone: (      )

Work Phone: (      )

Email:

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## Type of Flag – Please Check One

\_\_\_ 3x5 Nylon - \$9.00

\_\_\_ 3x5 Cotton - \$9.25

\_\_\_ 5x8 Nylon - \$18.00

\_\_\_ 5x8 Cotton - \$20.00

\$\_\_\_\_\_ Amount for Flag(s)

\$\_\_\_\_\_ Flying Fee -- ADD \$4.05 (each flag)

\$\_\_\_\_\_ Shipping Charge -- ADD \$3.00 (each 3x5) -- ADD \$4.00 (each 5x8)

\$\_\_\_\_\_ TOTAL

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## Type of Certificate – Please Check One (only if flag will be flown)

Please have this flag flown over the Capitol on: \_\_\_\_/\_\_\_\_/\_\_\_\_ or  
To fly next available day\_\_check

To Be:      \_\_\_ Flown For      \_\_\_ Presented To      \_\_\_ In Recognition of

     \_\_\_ In Memory of      \_\_\_ to Commemorate

Person, Group, or Event flag is for: \_\_\_\_\_

To Be Presented By (Name): \_\_\_\_\_

*Presented To* is the only term that can be used on the certificate when the *Presented By* option is chosen.

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Make Checks payable to: **Rep. Foxx Office Supply Account** and mail to:

**Congresswoman Virginia Foxx**  
**6000 Meadowbrook Mall, Suite 3**  
**Clemmons, NC 27012**